

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

VERN THARP
5040 ACOMA STREET
DENVER CO 80216

2. Article Number
(Transfer from se

7004 1160 0003 0191 673

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Jean R. Jensen

☒ Agent

☐ Addressee

B. Received by (Printed Name)

VERN THARP

C. Date of Delivery

9-18

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

TEMAIL SVCS 09/20/2010 03:54 AM
UNITED STATES POSTAL SERVICE

17 SEP 2010 PM 6 L

First Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

- Sender: Please print your name, address, and ZIP+4 in this box •

DIVISION OF OIL GAS & MINING
1594 W NORTH TEMPLE STE 1210
P O BOX 145801
SALT LAKE CITY UT 84114-5801

RECEIVED
SEP 20 2010
DIV. OF OIL, G

